## PART B - FEE(S) TRANSMITTAL

, Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

|   | E ADDRESS (Note: Use Black 1 for                    | any change of a fire                        | *Cog                         | Note: A certificate<br>Fee(s) Transmittal.<br>papers. Each addition<br>have its own certific  | of mailing can only be used<br>This certificate cannot be used<br>and paper, such as an assignn<br>ate of mailing or transmission                                | for domestic mailings of to<br>I for any other accompanyinent or formal drawing, mu                               |
|---|---|---|------------------------------|---|--|---|
| Kurt A. Luther<br>Honeywell Internat<br>101 Columbia Roa<br>Morristown, NJ 07   | d, Law DEpt. AB2                                    | JUL 1 4 20                                  | ns d                         | I hereby certify that<br>States Postal Servic<br>addressed to the M<br>transmitted to the U   | Certificate of Mailing or Trau<br>this Fee(s) Transmittal is bei<br>c with sufficient postage for f<br>lail Stop ISSUE FEE addres<br>SPTO (703) 746-4000, on the | nsmission ng deposited with the Unit irst class mail in an envelo is above, or being facsim date indicated below. |
| /2005 MBEYENE2 00000  |   | 12 45                                       | AARIX                        |   |  | (Depositor's nam  |
| :1501 1400.00 1<br>:1564ustommer.000  | DA<br>MA. 00128                                     | VOALID                                      |                              |   |  | (Signatus<br>(Da  |
| APPLICATION NO.   | FILING DATE   | FIRST NAME                                  |                              | O INVENTOR  | ATTORNEY DOCKET NO.  | CONFIRMATION NO.  |
| 10/666,342  | 10/666,342 09/22/2003                               |   | Robert J. Saccomanno         |   | H0004415-1246  | 8386  |
| APPLN. TYPE nonprovisional  | SMALL ENTITY NO                                     | ISSUE FEE<br>\$1400                         |                              | PUBLICATION FEE   | TOTAL FEE(S) DUE   | DATE DUE<br>07/18/2005  |
| EXAMINER  |   | ART UNIT                                    |                              | CLASS-SUBCLASS  | ٦  |   |
| CRUZ, MAGDA   |   | 2851  |                              | 359-460000  |  |   |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |   |   | (1) the nat<br>or agents (   | ting on the patent front page,<br>mes of up to 3 registered pa<br>OR, alternatively,<br>me of a single firm (having a<br>attorney or agent) and the na<br>depatent attorneys or agents. | tent attorneys 1 Shaw  | Pittman LL  |
| 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI  | an assignee is identified b 37 CFR 3.11. Completion | elow, no assignee da<br>of this form is NOT | ata will app<br>a substitute | •   | gnee is identified below, the  | document has been filed   |
|   | Internation   | -   |                              | Morristo  | wn, NJ<br>Corporation or other private g   | moun entity. The Covernment   |
|   | assignee category or catego                         | ries (will not be prin                      |                              | atenty an individual -  | Corporation of other private g   | roup entity - Ooverland   |
| Honeywell  Please check the appropriate  4a. The following fee(s) are   |   |   | Payment of                   | Fee(s):   |  |   |
| Please check the appropriate  |   | 4b. l                                       | Payment of                   | Fee(s):<br>in the amount of the fee(s) is   | enclosed.  | •   |
| Please check the appropriate  4a. The following fee(s) are  1 Issue Fee  2 Publication Fee (No st   |   | 4b. l<br>(<br>ed)                           | Payment of A check Payment   | in the amount of the fee(s) is<br>by credit card. Form PTO-20   | 38 is attached.  | r credit any overpayment, copy of this form).   |

Registration No. This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Typed or printed name Lawrence D. Eisen

**Authorized Signature** 

July 14, 2005

41,009